

NONPROFIT CORPORATION

STATE OF MAINE

**TERMINATION OF STATEMENT OF
INTENTION TO CARRY ON ACTIVITIES
UNDER AN ASSUMED OR
FICTITIOUS NAME**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Corporation)

Pursuant to 13-B MRSA §308-A.8, the undersigned corporation executes and delivers the following Termination of Statement of Intention to Carry on Activities Under an Assumed or Fictitious Name:

FIRST: The corporation no longer intends to carry on activities under an assumed or fictitious name.

SECOND: The corporation intends to terminate the assumed or fictitious name of

_____.

THIRD: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

*If this is a domestic corporation, this document **MUST** be signed by

(1) the **Clerk or Secretary OR**

(2) the **President** or a vice-pres. **together with the Secretary** or an ass't. sec., or a 2nd certifying officer **OR**

(3) if no such officers, then a majority of the **Directors OR**

(4) if no such directors, then the **Members.**

*If this is a foreign corporation, this document **MUST** be signed by any duly authorized individual.

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**